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Application Number		
Filing Date	June 29, 2005	
First Named Inventor	Mark Tawa	
Title	Pharmaceutical Compositi	ons.
Art Unit		
Examiner Name		\neg
Attorney Docket Number	TPIP017D/WO US	フ

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SIGNATURE of Applicant or Assignee of Record					
Signature	Mal Taur	<u></u>	Date 6/24/05		
Name	Mark Tawa		Telephone		
Title and Company					
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Filing Date	June 29, 2005
First Named Inventor	Mark Tawa
Title	Pharmaceutical Compositions
Art Unit	
Examiner Name	
Attorney Docket Number	TPTP017D/WO US

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Signature			Date 6/24/05		
Name	Julius Remenar		Telephone		
Title and Company					
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and CORRESPONDENCE ADDRESS INDICATION FORM	First Named Inventor	Mark Tawa
	Title	Pharmaceutical Compositions
	Art Unit	
	Examiner Name	
	Attorney Docket Number	TPIP017D/WO US

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Name	Matthew Peterson		T T	Telephone	
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First Named Inventor	Mark Tawa
Title	Pharmaceutical Compositions
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Filing Date	June 29, 2005
First Named Inventor	Mark Tawa
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	TPTPO17D/WO US

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SIGNATURE of Applicant or Assignee of Record				
Signature	-11		Date 6/27/05	
Name	Hector Guzmán		Telephone 617-375.7488	
Title and Company Sr. Scientist Transform Pharmacesticals				
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Filing Date	June 29, 2005
First Named Inventor	Mark Tawa
Title	Pharmaceutical Compositions.
Art Unit	
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Signature	Shr		Date 6/27/05
Name	Hongming Chen		Telephone 78/-674-7803
Title and Company			
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Name Mark Oliveira		Telephone St. 254-7481
Title and Company		
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket **DECLARATION FOR UTILITY OR** Number TPIPO17D/WO US First Named Inventor DESIGN Mark Tawa PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration X June 29, 2005 Submitted Submitted after Initial OR Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHARMACEUTICAL COMPOSITIONS WITH IMPROVED DISSOLUTION (Title of the Invention) the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Additional foreign an	plication number	ers are listed on a supplement	al priority data sheet P	TO/SB/02B a	ttached hereto

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

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Name of Additional Joint Inventor, if an	y:	A petiti	on has been filed for this u	ınsigned	I inventor			
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Matthew		Peterson						
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Inventor's Signature				Date				
Shrewsbury Residence: City	MA State		USA Country		Iceland Citizenship			
22 Farmington Drive Mailing Address								
Shrewsbury City	MA State		01545 Zip	US Count				
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Hector	Guzman							
Inventor's Signature				Date				
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| ADDITIONAL INVENTOR/SL

DECLARATION		Supplemental Sheet Page 6 of 8					
Name of Additional Joint Inventor, if an	v:	A petition	on has been filed for this (
Given Name (first and middle (if any)	Family Name or Surname						
Matthew		Peterso					
Inventor's Signature		· I		Date			
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25 Downey Street Mailing Address							
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ADDITIONAL INVENTOR(S)

DECLARATION		Supplement	tal Sheet	Pag	1 of 8		
Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Sumame					
Hongming		Chen					
Inventor's Signature			6/27/05				
Acton	MA		USA	US			
Residence: City	State		Country	Citize	nship		
8 Sawmill Road Mailing Address							
Acton	MA		01720	U	SA		
City	State		Zip	Count	ry		
Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))	Family Name or Surname					
Mark		Oliveira					
Inventor's Signature				Date			
Framingham	MA		USA		US		
Residence: City	State		Country		Citizenship		
67 Nicholas Road, Apt. J Mailing Address	_		·				
Framingham City	MA State		01702 Zip	Count	USA Country		
Name of Additional Joint Inventor, if any	y:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature				Date			
Residence: City	State		Country		Citizenship		
Mailing Address	•						
City	State		Zin	Count			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 9 of 9						
Name of Additional Joint Inventor if an			tition b	are been filed for this w			
Name of Additional Joint Inventor, if an		A petition has been filed for this unsigned inventor Family Name or Sumame					
Given Name (first and middle (if any)	0	Chen	1e or 5	Jumame			
Hongming		Clien			т		
Inventor's Signature					Date		
Acton	MA		Ţ	USA		บร	
Residence: City	State		Coun	itry	Citize	nship	
8 Sawmill Road							
Mailing Address	1						
Acton	MA			01720	U	SA	
City	State			Zip	Count	iry	
Name of Additional Joint Inventor, if an	y:	A peti	ition ha	as been filed for this ur	nsigned	inventor	
Given Name (first and middle (if any)	Family Name or Surname						
Mark		Oliveira :					
Inventor's Signature Sah Oliv					Date	6/29/05	
Framingham	MA			USA		US	
Residence: City 69 40	State	Country		Country		Citizenship	
67 70 67 Nicholas Road, Apt. J Mailing Address							
Framingham City	MA State			01702 Zip	Count	USA ry	
Name of Additional Joint Inventor, if any	y:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature				Date			
Residence: City	State			Country	·	Citizenship	
Mailing Address							
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City	State			Zio	Count	rv	